

siponimod tablet (MAYZENT)

Diagnoses Considered for Coverage:

- Relapsing Multiple sclerosis (MS)

Coverage Criteria:

For diagnosis above:

- Dose does not exceed FDA label maximum, **and**
- Not being used in combination with another multiple sclerosis disease modifying therapy, **and**
- One of the following:
 - Inadequate response, intolerable side effects or contraindication with TWO preferred MS disease-modifying agents (see table below), **or**
 - Patient has active secondary progressive multiple sclerosis (SPMS), **AND** Patient is ambulatory.

- Extavia
- fingolimod (Gilenya)
- dimethyl fumarate
- Tecfidera
- glatiramer containing products (Glatopa 20 mg, Glatopa 40 mg, glatiramer 20 mg, glatiramer 40 mg)

Coverage Duration: one year

Effective Date: 1/31/2024